FW-011	Notice to Appear for Reconsideration of Fee Waiver	Clerk stamps date here when form is filed.
court may cancel your	not go to the hearing on the date and time below, the r fee waiver.  n who asked the court to waive court fees:	
·		_
Street or mailing address:		-
City:	State: Zip:	-
2 Lawyer, if person in 1 has one: (Name, address, phone number, e-mail, and State Bar number):		Fill in court name and street address:
		_ Superior Court of California, County of
		_
		_
The court has information that (check all that apply):		
a.   Your financial situation may have changed, or you may no		
longer be eligible for a fee waiver because (explain):		Fill in case number and name:  Case Number:
		-
	be increasing the costs of your case unnecessarily. The	_ Case Name:
fee waiver	for the court services you are using may be limited explain):	
court fees	is coming to an end, and the court requires some informations waived.  court on the date below:	ation about your eligibility to have your
		d address of court if different from above:
Hearing > D	Pate: Time:	
<b>Date</b> D	Pept.: Rm.:	
☐ Bring the	e following information if reasonably available:	
 Date:		
		Iudicial Officer □ Clerk, Deputy
sign langua	<b>for Accommodations.</b> Assistive listening systems, cage interpreter services are available if you ask at least frice for <i>Request for Accommodation</i> , form MC-410. (Civi	ve days before your hearing. Contact the
	Clerk's Certificate of Service	
I certify that I am not involved in this case and (check one):		
☐ I handed a copy of this notice to the party and attorney, if any, listed in ① and ②, at the court, on the date below.		
This notice was main from (city):	iled first class, postage paid, to the party and attorney, if, California on the date be	any, at the addresses listed in $\bigcirc$ and $\bigcirc$ , low.
Date:	Clerk, by	, Deputy